

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005497

1. Entity Name

HUMAN GROWTH FOUNDATION, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91691 022 \*\*\*\*67.50

Principal Place of Business

997 GLEN COVE AVE  
GLEN HEAD NY 11545

Mailing Address

997 GLEN COVE AVE  
GLEN HEAD NY 11545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-0913012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DEMARZO, JEANNIE  
8971 NW 13TH CT.  
CORAL SPRINGS FL 33071

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD  
NAME FERENCE, HELEN R  
STREET ADDRESS 129 OAK HURST RD  
CITY-ST-ZIP PITTSBURGH PA 15215 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME MCCOLLUM, FRANK B  
STREET ADDRESS COUNTRY CLUB PLAZA 1425  
CITY-ST-ZIP KANSAS CITY MO 64112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME O'LEARY, TERESA  
STREET ADDRESS 411 PROSPECT AVE  
CITY-ST-ZIP SEA CLIFF NY 11579 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME KEMP, STEPHEN MD  
STREET ADDRESS ARKANSAS CHILDRENS HOSPITAL  
CITY-ST-ZIP LITTLE ROCK AR 72202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)